



## Missouri Pharmacy Program – Preferred Drug List



### Long Acting Narcotics

Effective 02/16/2005

Revised 03/16/2005

#### Preferred Agents

- Kadian®
- Oramorph SR®
- Avinza®
- Duragesic®
- Morphine Sulfate
- Oxycontin®

#### Non-Preferred Agents

- MS Contin®
- Palladone®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.